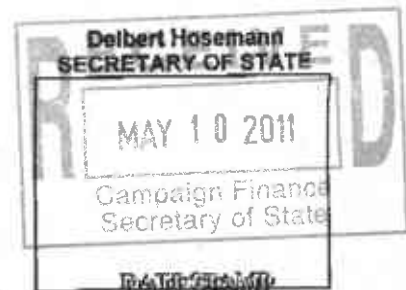


2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Eugene S. Clarke
 Address P.O. Box 373, Hollandale, MS 38748 County Washington
 Telephone Work 662-827-7261 Home 662-827-5685 Fax 662-827-7264
 Contact Name Buck Clarke Email Address clarkev@bellsouth.net
 Office Sought State Senator, District 22 Political Party Republican

☐ Check here if above is different from previous report

- ☒ May 10, 2011 Periodic Report (January 1, 2011, through April 30, 2011).....Mandatory
 ___ June 10, 2011 Periodic Report (May 1, 2011, through May 31, 2011).....Mandatory
 ___ July 8, 2011 Periodic Report (June 1, 2011, through June 30, 2011).....Mandatory
 ___ July 28, 2011 Pre-Election Report (July 1, 2011, through July 23, 2011).....Primary Candidates
 ___ August 16, 2011 Pre-Election Report (July 24, 2011, through August 13, 2011).....Runoff Candidates Only
 ___ October 10, 2011 Periodic Report (July 24, 2011, through September 30, 2011).....Mandatory
 ___ November 1, 2011 Pre-Election Report (October 1, 2011, through October 23, 2011).....Mandatory
 ___ November 22, 2011 Pre-Election Report (October 30, 2011, through November 19, 2011).....Runoff Candidates only
 ___ January 10, 2012 Periodic Report (October 30, 2011, through December 31, 2011).....Mandatory
 ___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	1,350 ⁰⁰ +\$	0- \$	1,350 ⁰⁰
Total amount of disbursements \$	1,125 ⁰⁰ +\$	1,290 ⁹⁹ \$	2,415 ⁹⁹
Total amount of cash on hand		\$ 26,522.10	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Eugene S. Clarke
 Signature of Candidate

5/10/11
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39206 or fax to 601-359-1433 or 601-376-2812.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1Name of Candidate or Committee Eugene S. Clarke
Reporting period January 1, 2011 through April 30, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy Corporation PAC</u>		<u>3/4/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>5430 LBJ Freeway Suite 160</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Dallas, TX 75240</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Adventure Capital Management Corp.</u>		<u>1/3/11</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>909 Poydras St. Suite 2230</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>New Orleans, LA 70112</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nisource Inc. PAC</u>		<u>1/3/11</u>	\$ <u>350⁰⁰</u>
Mailing Address <u>200 Civic Center Dr.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Columbus OH 43215</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>350⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Page 1 of 1Name of Candidate or Committee Eugene S. ClarkeReporting period January 1, 2011 through April 30, 2011

ITEMIZED DISBURSEMENTS

A. Full name <u>Gospel Group, MLK program</u>	Date (Mo., Day, Year) <u>1/17/11</u>	Amount of each disbursement this period \$ <u>125⁰⁰</u>
Mailing Address		
City, State, Zip Code <u>Leland MS 38756</u>	<u>3/14/11</u>	\$ <u>250⁰⁰</u>
Purpose of Disbursement (Optional) <u>Sponsorship</u>	Aggregate Year-to-date	\$ <u>375⁰⁰</u>
B. Full name <u>Summer Youth Baseball</u>	Date (Mo., Day, Year) <u>4/18/11</u>	Amount of each disbursement this period \$ <u>250⁰⁰</u>
Mailing Address		
City, State, Zip Code <u>Leland MS</u>	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>Sponsorship</u>	Aggregate Year-to-date	\$ <u>250⁰⁰</u>
C. Full name <u>Clarke Bradley Baker & Co</u>	Date (Mo., Day, Year) <u>2/25/11</u>	Amount of each disbursement this period \$ <u>500⁰⁰</u>
Mailing Address <u>PO Box 668</u>		
City, State, Zip Code <u>Hollandale MS 38748</u>	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>Reimbursement for telephone, travel, clerical</u>	Aggregate Year-to-date	\$ <u>500⁰⁰</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$